



MARYLAND
Department of Health

Maryland AIDS Drug Assistance Program

500 N. Calvert St., 5th Fl., Baltimore, MD 21202

Phone: (410) 767-6535 or Toll Free: 1-800-205-6308

or TTY- Maryland Relay Service 1-800-735-2258

Fax Numbers: (410) 333-2608; (410) 244-8696; (410) 244-8617

Website: <http://phpa.health.maryland.gov/OIDPCS/CHCS/pages/madap.aspx>

Urgent MADAP Application

Instructions:

- The application must demonstrate an immediate need for medication.
 - The Urgent MADAP application must be completed and submitted by a Case Manager or Health Professional **ONLY**.
 - The Urgent MADAP application and pages 1-9 of the MADAP application must be filled out completely.
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New Client? ☐ Yes ☐ No

MADAP ID: 94- _____

ITIN #: _____

Applicant's Full Name: _____ Date of Birth: ____/____/____

Social Security #: ____/____/____

Check all appropriate boxes:

- ☐ Applicant meets eligibility criteria for MADAP, (required).
- ☐ A completed and signed MADAP application pages 1-9, is attached to this request form, (required).
- ☐ All required supporting documentation and medical form is included with this application.

The following documentation is not currently available, but will be submitted within 30 days:

- ☐ Proof of income
- ☐ Proof of residency
- ☐ Medical form signed by clinician (new applicants only)

Applicant must meet one of the following criteria:

- ☐ Applicant is currently taking antiretroviral medication and has less than a two-week supply of antiretroviral meds.
- ☐ New applicant has an acute medical condition requiring medications, and the physician is planning to prescribe at least one of the HIV antiretroviral medications in the next 3 months.

Lab results: (New applicants to MADAP only)

☐ Results of Last Viral Load: _____ Date of Test: _____

(Not more than 12 months old)

☐ Results are pending and not available at this time (date of most recent test): _____

Declaration of Case Manager, Healthcare Professional assisting applicant with the MADAP application:

- Based on the information provided to me, the applicant appears to meet the eligibility criteria for MADAP.
- I understand that all missing documentation must be submitted within 30 days or the Urgent MADAP will terminate.
- I understand that Urgent MADAP is valid for only 60 days beginning on the first day of the month of application.

Signature: _____ Date: _____

Printed Name: _____ Phone number: _____

Organization: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____
